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By:  Kolkhorst S.B. No. 2167

A BILL TO BE ENTITLED

AN ACT

relating to implementation of the system redesign for the delivery of Medicaid benefits to persons with intellectual or developmental disabilities.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  Section 534.053(g), Government Code, as amended by Chapters 837 (S.B. 200), 946 (S.B. 277), and 1117 (H.B. 3523), Acts of the 84th Legislature, Regular Session, 2015, is reenacted and amended to read as follows:

(g)  On January 1, 2027 [~~the one-year anniversary of the date the commission completes implementation of the transition required under Section 534.202~~]:

(1)  the advisory committee is abolished; and

(2)  this section expires.

SECTION 2.  Chapter 534, Government Code, is amended by adding Subchapter C-1 to read as follows:

SUBCHAPTER C-1. STAR+PLUS HOME AND COMMUNITY-BASED SERVICES PILOT PROGRAM

Sec. 534.121.  DEFINITION. In this subchapter:

(1)  "Health care service region" has the meaning assigned by Section 533.001.

(2)  "Pilot program" means the pilot program established under Section 534.122.

Sec. 534.122.  STAR+PLUS HOME AND COMMUNITY-BASED SERVICES PILOT PROGRAM IMPLEMENTATION. (a) Notwithstanding Subchapter C and not later than September 1, 2022, the commission shall develop and implement a pilot program in accordance with this subchapter to test the delivery through the STAR+PLUS Medicaid managed care program of home and community-based services to adults with intellectual or developmental disabilities who are receiving Medicaid benefits:

(1)  under the STAR+PLUS Medicaid managed care program; or

(2)  as residents of state supported living centers.

(b)  The commission shall design the pilot program to meet the following goals and objectives:

(1)  provide access to home and community-based services to recipients who are pilot program participants;

(2)  promote meaningful outcomes by using person-centered planning that focuses on the unique needs of individuals with intellectual or developmental disabilities and their families and caregivers;

(3)  promote integrated service coordination of acute care services and home and community-based services;

(4)  promote efficiency and the best use of funding;

(5)  promote housing stability through housing supports and navigation services;

(6)  promote community inclusion and placement through enhanced behavioral health supports and crisis intervention services;

(7)  promote employment assistance and customized, integrated, and competitive employment;

(8)  promote fair hearing and appeals processes provided in accordance with applicable federal law;

(9)  promote the use of innovative technology and benefits, including home monitoring, telemonitoring, transportation, and other innovations that support community integration; and

(10)  promote sufficient flexibility to achieve these goals.

(c)  The pilot program must operate:

(1)  for at least 24 months; and

(2)  in one or more health care service regions, as determined by the commission.

(d)  The commission shall consult the advisory committee regarding the design, implementation, and evaluation of the pilot program.

Sec. 534.123.  PARTICIPATING MANAGED CARE ORGANIZATIONS. The commission shall select and contract with one or more managed care organizations participating in the STAR+PLUS Medicaid managed care program to participate in the pilot program.

Sec. 534.124.  BENEFITS PROVIDED. The pilot program must ensure that managed care organizations participating in the pilot program provide:

(1)  all Medicaid state plan benefits available under the STAR+PLUS program, including:

(A)  acute care services, including physical health, behavioral health, specialty care, inpatient hospital, and outpatient pharmacy services; and

(B)  long-term services and supports, including:

(i)  Community First Choice services;

(ii)  personal assistance services;

(iii)  day activity health services; and

(iv)  home and community-based services, including assisted living, personal assistance services, employment assistance, supported employment, adult foster care, dental care, nursing care, respite care, home-delivered meals, and therapy services;

(2)  the following additional home and community-based services:

(A)  enhanced behavioral health services;

(B)  behavioral supports;

(C)  day habilitation;

(D)  housing supports;

(E)  community support transportation; and

(F)  crisis intervention services; and

(3)  other home and community-based services the commission determines appropriate.

Sec. 534.125.  RECIPIENT PARTICIPATION. (a) The executive commissioner shall by rule establish recipient eligibility criteria, including financial and functional criteria, for participation in the pilot program. In establishing rules under this section, the executive commissioner shall ensure the following recipients are allowed to enroll in the pilot program:

(1)  a recipient receiving services under the STAR+PLUS Medicaid managed care program who has an intellectual or developmental disability, including a recipient with autism, regardless of whether the recipient is:

(A)  receiving home and community-based services under the STAR+PLUS program; or

(B)  on a Medicaid waiver program interest list;

(2)  a recipient receiving services under the STAR+PLUS Medicaid managed care program who has a traumatic brain injury that occurred after the recipient reached 21 years of age; and

(3)  a state supported living center resident who, by virtue of participating in the pilot program, is able to transition to a community placement.

(b)  A recipient's participation in the pilot program is voluntary. The decision whether to participate in the program and receive long-term services and supports from a provider through the program may be made only by the recipient or the recipient's legally authorized representative.

Sec. 534.126.  PERSON-CENTERED PLANNING. The commission shall ensure that each recipient who participates in the pilot program, or the recipient's legally authorized representative, has access to a facilitated, person-centered plan that identifies outcomes for the recipient and drives the development of the individualized budget. The consumer direction model, as defined in Section 531.051, may be an outcome of the plan.

Sec. 534.127.  ANNUAL REPORT ON IMPLEMENTATION. Not later than September 30 of each year, the commission shall prepare and submit a report to the legislature on the implementation of the pilot program. The report must include:

(1)  an assessment of the implementation of the pilot program, including appropriate information regarding the provision of acute care and home and community-based services to recipients participating in the pilot program;

(2)  recommendations regarding implementation and improvements to Medicaid waiver programs, including recommendations regarding appropriate statutory changes; and

(3)  an assessment of the effect of the pilot program on the following:

(A)  recipient access to home and community-based services, including the additional services included in the pilot program in accordance with Sections 534.124(2) and (3);

(B)  the quality of services provided under the pilot program;

(C)  meaningful outcomes for recipients using person-centered planning, individualized budgeting, and self-determination, including outcomes related to community inclusion;

(D)  the integration of service coordination of acute care services and home and community-based services;

(E)  the efficiency and use of funding and impact for future transitions of Medicaid waiver programs;

(F)  the placement and retention of recipients in housing that is the least restrictive setting appropriate to the recipients' needs;

(G)  employment assistance and customized, integrated, competitive employment options; and

(H)  the number and types of fair hearings and appeals sought by participants in the pilot program.

Sec. 534.128.  This subchapter expires September 30, 2025.

SECTION 3.  Section 534.201(b), Government Code, is amended to read as follows:

(b)  On September 1, 2024 [~~2020~~], the commission shall transition the provision of Medicaid benefits to individuals to whom this section applies to the STAR+PLUS [~~STAR + PLUS~~] Medicaid managed care program delivery model or the most appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the STAR+PLUS [~~STAR + PLUS~~] Medicaid managed care program in providing basic attendant and habilitation services and of the pilot programs established under Subchapters [~~Subchapter~~] C and C-1, subject to Subsection (c)(1).

SECTION 4.  Section 534.202(b), Government Code, is amended to read as follows:

(b)  After implementing the transition required by Section 534.201, on September 1, 2025 [~~2021~~], the commission shall transition the provision of Medicaid benefits to individuals to whom this section applies to the STAR+PLUS [~~STAR + PLUS~~] Medicaid managed care program delivery model or the most appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the transition of Texas home living (TxHmL) waiver program recipients to a managed care program delivery model under Section 534.201, subject to Subsections (c)(1) and (g).

SECTION 5.  Section 534.203, Government Code, is amended to read as follows:

Sec. 534.203.  RESPONSIBILITIES OF COMMISSION UNDER SUBCHAPTER. In administering this subchapter, the commission shall ensure:

(1)  that the commission is responsible for setting the minimum reimbursement rate paid to a provider of ICF-IID services or a group home provider under the integrated managed care system, including the staff rate enhancement paid to a provider of ICF-IID services or a group home provider;

(2)  that an ICF-IID service provider or a group home provider is paid not later than the 10th day after the date the provider submits a clean claim in accordance with the criteria used by the commission [~~department~~] for the reimbursement of ICF-IID service providers or a group home provider, as applicable; and

(3)  the establishment of an electronic portal through which a provider of ICF-IID services or a group home provider participating in the STAR+PLUS [~~STAR + PLUS~~] Medicaid managed care program delivery model or the most appropriate integrated capitated managed care program delivery model, as appropriate, may submit long-term services and supports claims to any participating managed care organization.

SECTION 6.  Notwithstanding Section 534.127, Government Code, as added by this Act, the Health and Human Services Commission shall submit the initial report required by that section not later than September 30, 2020.

SECTION 7.  If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 8.  This Act takes effect September 1, 2019.